

CASH ON HAND



South Coast Air Quality Management District

Form 400-A

Application For Permit To Construct and Permit To Operate

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel: (909) 396-3385
www.aqmd.gov

| | |
|---|---|
| Section A: Operator Information | |
| 1. Business Name of Operator To Appear On The Permit: Southern California Edison | |
| 2. Valid AQMD Facility ID (Available on Permit or Invoice issued by AQMD): 124737 160437 | 3. Owner's Business Name (only if different from Business Name of Operator): |
| Section B: Equipment Location | |
| 4. Equipment Location Address: For equipment operated at various locations in AQMD's jurisdiction, provide address of initial site 2492 W. San Bernardino Ave. Street Address Redlands CA 92374 City State Zip Code County: <input type="radio"/> Los Angeles <input type="radio"/> Orange <input checked="" type="radio"/> San Bernardino <input type="radio"/> Riverside Contact Name: Ian Cuthbertson Contact Title: Plant Manager Phone: (909) 478-1713 Fax: E-Mail: Ian.Cuthbertson@sce.com | |
| Section C: Permit Mailing Address | |
| 5. Permit and Correspondence Information: <input type="checkbox"/> Check here if same as equipment location address 2244 Walnut Grove Avenue Street Address Rosemead CA 91770 City State Zip Code Contact Name: Uve Sillat Contact Title: Envir. Eng. Phone: (626) 302-4047 Fax: 626-302-4871 E-Mail: uve.sillat@sce.com | |
| Section D: Application Type | |
| The facility is in <input type="radio"/> RECLAIM <input type="radio"/> Title V <input checked="" type="radio"/> RECLAIM & Title V Program (please check if applicable) | |
| 6. Reason for Submitting Application (Select only ONE): <input type="radio"/> New Construction (Permit to Construct) <input type="radio"/> Equipment Operating Without A Permit or Expired Permit <input checked="" type="radio"/> Administrative Change <input type="radio"/> Equipment On-Site But Not Constructed or Operational <input checked="" type="radio"/> Title V Application (Initial, Revisions, Modifications, etc.) <input type="radio"/> Compliance Plan <input type="radio"/> Facility Permit Amendment <input type="radio"/> Registration/Certification <input type="radio"/> Streamlined Standard Permit <input type="radio"/> Permitted Equipment Altered/ Modified Without Permit Approval* <input type="radio"/> Proposed Alteration/Modification to Permitted Equipment <input type="radio"/> Change of Condition For Permit To Operate <input type="radio"/> Change of Condition For Permit To Construct <input type="radio"/> Change of Location—Moving to New Site Existing Or Previous Permit/Application Number: (If you checked any of the items in this column, you MUST provide a existing Permit/ Application Number) | |
| 7. Estimated Start Date of Operation/Construction (MM/DD/YYYY): 06/30/2009 | |
| 8. Description of Equipment: Change of Owner for the entire facility (Mountainview Generating Station) and all associated equipment. Forms 400-A for the equipment are enclosed, plus Forms 400-CO and 500-A2. | |
| 9. Is this equipment portable AND will it be operated at different locations within AQMD's jurisdiction? <input checked="" type="radio"/> No <input type="radio"/> Yes | |
| 10. For identical equipment, how many additional applications are being submitted with this application? (Form 400-A required for each) | |
| 11. Are you a Small Business as per AQMD's Rule 102 definition? (10 employees or less and total gross receipts are \$500,000 or less, or a not-for-profit training center?) <input checked="" type="radio"/> No <input type="radio"/> Yes | |
| 12. Has a Notice of Violation (NOV) or a Notice To Comply (NC) been issued for this equipment? <input checked="" type="radio"/> No <input type="radio"/> Yes If yes, provide NOV/NC #: | |
| Section E: Facility Business Information | |
| 13. What type of business is being conducted at this equipment location? Electric Generation | 14. What is your businesses primary NAICS Code (North American Industrial Classification System)? 221112 |
| 15. Are there other facilities in the SCAQMD jurisdiction operated by the same operator? <input type="radio"/> No <input checked="" type="radio"/> Yes | 16. Are there any schools (K-12) within a 1000-ft. radius of the equipment physical location? <input checked="" type="radio"/> No <input type="radio"/> Yes |
| Section F: Authorization/Signature | |
| I hereby certify that all information contained herein and information submitted with this application is true and correct. | |
| 17. Signature of Responsible Official: | 18. Title: Director, CEH&S |
| 19. Print Name: Rick Greenwood | 20. Date: 06/30/2009 |
| Check List <input type="checkbox"/> Form(s) signed and dated by authorized official <input type="checkbox"/> Supplemental Equipment Form (400-E-XX or 400-E-GEN) <input type="checkbox"/> CEQA Form (400-CEQA) attached <input type="checkbox"/> Payment for permit processing fee attached Your application will be rejected if any of the above items are missing. | |

| | | | | | |
|-----------------------|----------------------------------|-------------------|------------------------------------|-------------------------------|----------------------|
| AQMD USE ONLY | APPLICATION/TRACKING # 501263 | TYPE B C D | EQUIPMENT CATEGORY CODE: 555009 | FEE SCHEDULE: \$1087.63 | VALIDATION 7-1-09 |
| ENG. DATE 06.19.09 | ENG. DATE 06.19.09 | CLASS I III IV | ASSIGNMENT Unit C Engineer | CHECK/MONEY ORDER 40305598 | AMOUNT 1088.08 |
| | | | | Tracking # | |

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South Coast Air Quality Management District

Form 500-A2

TITLE V Application Certification

Mail Application To:
P.O. Box 4944
Diamond Bar, CA 91765

Tel. (909) 396-3385

www.aqmd.gov

Section I - Facility Information

1. Permit to be issued to (Business name of operator to appear on permit):

Southern California Edison

2. Valid AQMD Facility ID (Available on Permit or Invoice Issued by AQMD):

3. This Certification is submitted with a (Check one):

a. ☒ Title V Application (Initial, Revision or Renewal)

b. ☐ Supplement/Correction to a Title V Application

c. ☐ MACT Part 2

4. Is Form 500-C2 included with this Certification?

☐ Yes ☒ No

Section II - Responsible Official Certification Statement

I certify under penalty of law that I am the responsible official for this facility as defined in AQMD Regulation XXX and that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attached application forms and other materials are true, accurate, and complete.

Read each statement carefully and check each that applies – You must check 3a or 3b.

1. For Initial, Permit Renewal, and Administrative Application Certifications:

a. ☒ The facility, including equipment that are exempt from written permit per Rule 219, is currently operating and will continue to operate in compliance with all applicable requirement(s) identified in Section II and Section III of Form 500-C1,

i. ☐ except for those requirements that do not specifically pertain to such devices or equipment and that have been identified as "Remove" on Section III of Form 500-C1.

ii. ☐ except for those devices or equipment that have been identified on the completed and attached Form 500-C2 that will not be operating in compliance with the specified applicable requirement(s).

b. ☐ The facility, including equipment that are exempt from written permit per Rule 219, will meet in a timely manner, all applicable requirements with future effective dates.

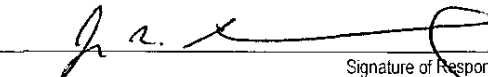
2. For Permit Revision Application Certifications:

a. ☐ The equipment or devices to which this permit revision applies, will in a timely manner comply with all applicable requirements identified in Section II and Section III of Form 500-C1.

3. For MACT Hammer Certifications:

a. ☐ The facility is subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63), also known as the MACT "hammer." The following information is submitted with a Title V application to comply with the Part 1 requirements of Section 112(j). (If Part 2 has not been submitted, you must submit 500-MACT Part 2 with this form.)

b. ☐ The facility is not subject to Section 112(j) of the Clean Air Act (Subpart B of 40 CFR part 63).


Signature of Responsible Official

Rick Greenwood

Type or Print Name of Responsible Official

Director, Corporate Environmental, Health and Safety

Title of Responsible Official

6/24/09
Date

(626) 302-8840

Phone

(626) 302-9130

Fax

2244 Walnut Grove Avenue

Address of Responsible Official

Rosemead

City

CA

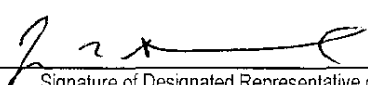
State

91770

Zip Code

Acid Rain Facilities Only: Turn page over & complete Section III

Acid Rain facilities must certify their compliance status of the devices subject to applicable requirements under Title IV by an individual who meets the definition of Designated (or Alternate) Representative in 40 CFR Part 72.

| Section III - Designated Representative Certification Statement | | | |
|--|------------------|-------------------------|-------------------|
| <p>1. <i>For Acid Rain Facilities Only.</i> I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.</p> | | | |
|  Signature of Designated Representative or Alternate | | 6/27/09 Date | |
| Rick Greenwood Type or Print Name of Designated Representative or Alternate | | (626) 302-8840 Phone | |
| Director., Corporate Environmental, Health and Safety Title of Designated Representative or Alternate | | (626) 302-9130 Fax | |
| 2244 Walnut Grove Avenue Address of Designated Representative or Alternate | Rosemead City | CA State | 91770 Zip Code |